



Complete Summary

GUIDELINE TITLE

ACR Appropriateness Criteria™ for sudden onset of cold, painful leg.

BIBLIOGRAPHIC SOURCE(S)

Bettmann MA, Levin DC, Gomes AS, Grollman J, Henkin RE, Hessel SJ, Higgins CB, Kelley MJ, Needleman L, Polak JF, Stanford W, Wexler L, Abbott W, Port S. Sudden onset of cold, painful leg. American College of Radiology. ACR Appropriateness Criteria. Radiology 2000 Jun; 215(Suppl): 101-5. [22 references]

COMPLETE SUMMARY CONTENT

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RECOMMENDATIONS

EVIDENCE SUPPORTING THE RECOMMENDATIONS

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IMPLEMENTATION OF THE GUIDELINE

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT

CATEGORIES

IDENTIFYING INFORMATION AND AVAILABILITY

SCOPE

DISEASE/CONDITION(S)

Sudden onset of cold, painful leg

GUIDELINE CATEGORY

Diagnosis

CLINICAL SPECIALTY

Emergency Medicine

Family Practice

Internal Medicine

Radiology

INTENDED USERS

Health Plans

Hospitals

Managed Care Organizations
Physicians
Utilization Management

GUIDELINE OBJECTIVE(S)

To evaluate the appropriateness of initial radiologic examinations for sudden onset of cold, painful leg

TARGET POPULATION

Patients with sudden onset of cold, painful leg

INTERVENTIONS AND PRACTICES CONSIDERED

1. Peripheral arteriography
2. Abdominal aortogram
3. Physiologic noninvasive tests
4. Ultrasound studies
 - Transthoracic echocardiography
 - Arterial duplex Doppler with color
 - Peripheral venous ultrasound
 - Transesophageal echocardiography
 - Arterial duplex Doppler without color
 - Intravascular ultrasound
5. Computed tomography angiography
6. Aortic computed tomography
7. Magnetic resonance angiography
8. Cardiac magnetic resonance imaging
9. Aortic magnetic resonance imaging
10. Thoracic aortogram
11. Extremity x-ray
12. Exercise thallium scan of legs

MAJOR OUTCOMES CONSIDERED

Utility of radiologic examinations in differential diagnosis

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The guideline developer performed literature searches of recent peer-reviewed medical journals, primarily using the National Library of Medicine's MEDLINE database. The developer identified and collected the major applicable articles

NUMBER OF SOURCE DOCUMENTS

The total number of source documents identified as the result of the literature search is not known.

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Delphi Method)
Weighting According to a Rating Scheme (Scheme Not Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review with Evidence Tables

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

One or two topic leaders within a panel assume the responsibility of developing an evidence table for each clinical condition, based on analysis of the current literature. These tables serve as a basis for developing a narrative specific to each clinical condition.

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus (Delphi)

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Since data available from existing scientific studies are usually insufficient for meta-analysis, broad-based consensus techniques are needed to reach agreement in the formulation of the Appropriateness Criteria. Serial surveys are conducted by distributing questionnaires to consolidate expert opinions within each panel. These questionnaires are distributed to the participants along with the evidence table and narrative as developed by the topic leader(s). Questionnaires are completed by the participants in their own professional setting without influence of the other members. Voting is conducted using a scoring system from 1-9, indicating the least to the most appropriate imaging examination or therapeutic procedure. The survey results are collected, tabulated in anonymous fashion, and redistributed after each round. A maximum of three rounds is conducted and opinions are unified to the highest degree possible. Eighty (80) percent agreement is considered a consensus. If consensus cannot be reached by this method, the panel is convened and group consensus techniques are utilized. The strengths and weaknesses of each test or procedure are discussed and consensus reached whenever possible.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Criteria developed by the Expert Panels are reviewed by the American College of Radiology (ACR) Committee on Appropriateness Criteria and the Chair of the ACR Board of Chancellors.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

ACR Appropriateness Criteria™

Clinical Condition: Sudden Onset of Cold, Painful Leg

Radiologic Exam Procedure	Appropriateness Rating	Comments
Peripheral Arteriography	9	
Abdominal Aortogram	8	
Physiologic Noninvasive Tests	8	
Ultrasound Studies		
Transthoracic Echocardiography	6	
Arterial Duplex Doppler with Color	4	
Peripheral Venous Ultrasound	4	
Transesophageal Echocardiography	4	
Arterial Duplex Doppler without Color	2	
Intravascular Ultrasound	2	
Computed Tomography Angiography	4	

Aortic Computed Tomography	4	
Magnetic Resonance Angiography	4	
Cardiac Magnetic Resonance Imaging	4	
Aortic Magnetic Resonance Imaging	4	
Thoracic Aortogram	4	
Extremity X-ray	2	
Exercise Thallium Scan of Legs	2	
<p style="text-align: center;"><u>Appropriateness Criteria Scale</u></p> <p style="text-align: center;">1 2 3 4 5 6 7 8 9</p> <p style="text-align: center;">1=Least appropriate 9=Most appropriate</p>		

Conclusions and Exceptions

In the patient with sudden onset of a cold, painful leg, clinical evaluation for viability and for the presence of pulses is the necessary first step. This is followed by assessment of ankle-brachial indices, sometimes in conjunction with transcutaneous pO₂ measurement. Arteriography is the next step in almost all cases. The only exception is the situation in which preoperative angiography is unavailable, the symptoms are thought to be due to the occlusion of a recently placed (e.g., <24-48 hrs.) bypass graft, or the viability of the limb is likely to be less than two to three hours. All other studies are basically used to define the cause of the arterial occlusion, to determine the extent of the occlusive process, and to monitor the success of therapy.

CLINICAL ALGORITHM(S)

Algorithms were not developed from criteria guidelines.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The recommendations are based on analysis of the current literature and expert panel consensus.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate selection of initial radiologic exam procedures to aid in differential diagnosis of patients with sudden onset of cold, painful leg

POTENTIAL HARMS

None identified

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

An American College of Radiology (ACR) Committee on Appropriateness Criteria and its expert panels have developed criteria for determining appropriate imaging examinations for diagnosis and treatment of specified medical condition(s). These criteria are intended to guide radiologists, radiation oncologists, and referring physicians in making decisions regarding radiologic imaging and treatment. Generally, the complexity and severity of a patient's clinical condition should dictate the selection of appropriate imaging procedures or treatments. Only those exams generally used for evaluation of the patient's condition are ranked. Other imaging studies necessary to evaluate other co-existent diseases or other medical consequences of this condition are not considered in this document. The availability of equipment or personnel may influence the selection of appropriate imaging procedures or treatments. Imaging techniques classified as investigational by the U.S. Food and Drug Administration (FDA) have not been considered in developing these criteria; however, study of new equipment and applications should be encouraged. The ultimate decision regarding the appropriateness of any specific radiologic examination or treatment must be made by the referring physician and radiologist in light of all the circumstances presented in an individual examination.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1998

GUIDELINE DEVELOPER(S)

American College of Radiology - Medical Specialty Society

SOURCE(S) OF FUNDING

The American College of Radiology (ACR) provided the funding and the resources for these ACR Appropriateness Criteria™

GUIDELINE COMMITTEE

ACR Appropriateness Criteria™ Committee, Expert Panel on Cardiovascular Imaging.

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Names of Panel Members: Michael A. Bettmann, MD; David C. Levin, MD; Antoinette S. Gomes, MD; Julius Grollman, MD; Robert E. Henkin, MD; Samuel J. Hessel, MD; Charles B. Higgins, MD; Michael J. Kelley, MD; Laurence Needleman, MD; Joseph F. Polak, MD, MPH; William Stanford, MD; Lewis Wexler, MD; William Abbott, MD; Steven Port, MD

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

The ACR Appropriateness Criteria™ are reviewed after five years, if not sooner, depending upon introduction of new and highly significant scientific evidence. The next review date for this topic is 2003.

GUIDELINE AVAILABILITY

Electronic copies: Available (in PDF format) from the [American College of Radiology \(ACR\) Web site](#).

Print copies: Available from ACR, 1891 Preston White Drive, Reston, VA 20191.
Telephone: (703) 648-8900.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on February 20, 2001. The information was verified by the guideline developer on March 14, 2001.

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